

State of Maine
Department of Environmental Protection
License Application

Facility ID #:____
Page #:_____

Section A: FACILITY INFORMATION

Facility

Name to Appear on License:

Facility Address:

City/Town:

County:

Zip Code:

Owner/Firm Name:

Facility and Application Description

Current License # : A - ____ - ____ - ____ - ____

Application # : A - ____ - ____ - ____ - ____ (to be filled in by the Department)

CHAPTER 140

- ☐ Issuance of an Initial Part 70 License
- ☐ Renewal of a Part 70 Source License
- ☐ New Source Part 70 License
- ☐ Major Modification of a Part 70 Source
- ☐ Minor Modification of a Part 70 Source
- ☐ Part 70 Major Change
- ☐ Part 70 Minor Change
- ☐ Other:_____

CHAPTER 115

- ☐ Renewal of a Major Source License
- ☐ Renewal of a Minor Source License
- ☐ New Minor Source License
- ☐ Major Modification of a Major Source
- ☐ Major Modification of a Minor Source
- ☐ Minor Modification of a Major Source
- ☐ Minor Modification of a Minor Source
- ☐ Other:_____

Date: ____ / ____ / ____

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Section A: FACILITY INFORMATION (cont.)

Facility Contact Mailing Address

Name: (Last, First, Middle Initial)

Phone #:

Affiliation:

Title:

Fax #:

Street Address:

City/Town:

State:

Country:

Zip Code:

Facility Classification:

☐ Education/Institutional

☐ Hospital

☐ Residential

☐ Industrial

☐ Commercial

☐ Utility

☐ Other:_____

Application Contact Mailing Address

Name: (Last, First, Middle Initial)

Phone #:

Affiliation:

Title:

Fax #:

Street Address:

City/Town:

State:

Country:

Zip Code:

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Section A: FACILITY INFORMATION (cont.)

Owner / Firm Contact Mailing Address

Name: (Last, First, Middle Initial)

Phone #: _____

Affiliation:

Title:

Fax #:

Street Address:

City/Town:

State:

Country:

Zip Code:

Owner Classification:

☐ Federal ☐ State ☐ Municipal ☐ Corporate/Partnership ☐ Individual ☐ Other: _____

Corporate Legal Staff Mailing Address (if needed)

Name: (Last, First, Middle Initial)

Phone #: _____

Affiliation:

Title:

Fax #:

Street Address:

City/Town:

State:

Country:

Zip Code:

Certification

"I certify under penalty of law that, based on information and belief formed after reasonable inquiry, I believe the information included in the attached document is true, complete, and accurate."

Designated Representative:

Title:

Signature:

Date:

_____/_____/_____

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Section B: PLANT OVERVIEW

SIC Code

Description

Example

Do not include exempt or insignificant activities

Emission Unit #

Stack #

Description

1

1

Boiler #1

2

1

Boiler #2

3

a.v.

Printing Press

Emission Unit #

Stack #

Description

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Section C: CHECKLIST

I. Application Checklist

CHAPTER 115

For all applications

- ☐ Published Notice of Intent to File
- ☐ Included Tear sheet or a copy of the notice
- ☐ Made copy of the application available at the local municipal office

For major modifications and major new sources

- ☐ Sent copy of the application to EPA
- ☐ Sent copy of the application to the Federal Land Managers
- ☐ Sent copy of the application to the Indian Governing Bodies
- ☐ Notified land abutters by certified mail

CHAPTER 140

For all applications

- ☐ Published Notice of Intent to File
- ☐ Included Tear sheet or a copy of the notice
- ☐ Made copy of the application available at the local municipal office
- ☐ Sent copy of the application to EPA
- ☐ Sent copy of the application to the Affected States

For major modifications and new sources

- ☐ Sent copy of the application to the Federal Land Managers
- ☐ Sent copy of the application to the Indian Governing Bodies
- ☐ Notified land abutters by certified mail

Affected States

- | | |
|---|---|
| <input type="checkbox"/> State of New Hampshire | <input type="checkbox"/> State of Massachusetts |
| <input type="checkbox"/> State of Vermont | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> None | |

II. Insignificant Activities **

Emission unit #	Stack #	Description	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

** Note: List emission units at your facility that are proposed to be exempted from this license as insignificant activities pursuant to Chapter 140, Appendix B, Section (B).

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Section D: GENERAL APPLICABLE REQUIREMENTS

1. Inspection, Certificate, Recordkeeping
and Reporting (Chapter 137)

Does this facility file an annual Emission Statement? ☐ Yes ☐ No

If no, explain:

2. Hazardous Air Pollutants

Does this facility have the Potential To Emit:

- a. ☐ ≥ 10 tons per year of any single Hazardous Air Pollutant
b. ☐ ≥ 25 tons per year of all Hazardous Air Pollutants combined
c. ☐ none of the above

3. Prevention of Accidental Release

Is this facility subject to Section 112 (r) of the CAAA? ☐ Yes ☐ No

4. Stratospheric Ozone

- a. ☐ not applicable
b. ☐ in compliance
c. ☐ not in compliance (see instructions)

5. Regulations

- | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Chapter 101 | <input type="checkbox"/> Chapter 114 | <input type="checkbox"/> Chapter 128 |
| <input type="checkbox"/> Chapter 102 | <input type="checkbox"/> Chapter 116 | <input type="checkbox"/> Chapter 129 |
| <input type="checkbox"/> Chapter 103 | <input type="checkbox"/> Chapter 117 | <input type="checkbox"/> Chapter 130 |
| <input type="checkbox"/> Chapter 104 | <input type="checkbox"/> Chapter 118 | <input type="checkbox"/> Chapter 131 |
| <input type="checkbox"/> Chapter 105 | <input type="checkbox"/> Chapter 119 | <input type="checkbox"/> Chapter 132 |
| <input type="checkbox"/> Chapter 106 | <input type="checkbox"/> Chapter 120 | <input type="checkbox"/> Chapter 133 |
| <input type="checkbox"/> Chapter 107 | <input type="checkbox"/> Chapter 121 | <input type="checkbox"/> Chapter 134 |
| <input type="checkbox"/> Chapter 108 | <input type="checkbox"/> Chapter 122 | <input type="checkbox"/> Chapter 135 |
| <input type="checkbox"/> Chapter 109 | <input type="checkbox"/> Chapter 123 | <input type="checkbox"/> Chapter 136 |
| <input type="checkbox"/> Chapter 110 | <input type="checkbox"/> Chapter 124 | <input type="checkbox"/> Chapter 137 |
| <input type="checkbox"/> Chapter 111 | <input type="checkbox"/> Chapter 125 | <input type="checkbox"/> Chapter 138 |
| <input type="checkbox"/> Chapter 112 | <input type="checkbox"/> Chapter 126 | |
| <input type="checkbox"/> Chapter 113 | <input type="checkbox"/> Chapter 127 | |

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Section E: FUEL UTILIZATION EQUIPMENT

Emission Unit #: _____

I. Equipment Description

1. Type of Equipment: _____
(boiler, furnace, engine, etc.)
2. Manufacturer: _____
3. Model Number: _____
4. Maximum Input Rating: _____
(MMBtu/hr)
5. Burner Manufacturer: _____
6. Model Number: _____
7. Number of Burners in Combustion Unit: _____
8. Fuels:

	Primary	Secondary
a. type and grade	_____	_____
b. sulfur content (%)	_____	_____
c. max. firing rate (all burners firing) (indicate lb/hr, gal/hr, cubic feet per hour, etc.)	_____	_____
9. Air Pollution Control Equipment (if any):
 - a. type _____
 - b. model/manufacturer _____
 - c. pollutants controlled _____
 - d. efficiency (%)

	capture	control
	_____	_____
10. Date of Installation: _____ Date of Manufacture: _____
11. Stack Data:

a. dimensions	height (feet)	diameter (inches)
	_____	_____
b. range of gas exit velocity	_____ to _____	feet/sec
c. range of exit temperature	_____ to _____	°F
d. stack material of construction	_____	

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Section E: FUEL UTILIZATION EQUIPMENT (cont.)

Emission Unit #: _____

II. Applicable Requirements / Limitations

1. Are alternative / flexible limits being proposed? ☐ Yes ☐ No
2. Are any new limits being proposed? ☐ Yes ☐ No
3. List all applicable requirements:
(S)/(F) Applicable Requirement

4. Allowable usage limitations:
 - a. hours/day _____ days/week _____ weeks/year _____
 - b. fuels used primary secondary
type _____
amount _____
sulfur (weight %) _____
5. Other allowable restrictions:
 - a. work practices (clean-up, start-up, shut-down, etc.)
 - (i) _____
 - (ii) _____
 - b. process parameters (temperatures, pressures, opacity, etc.)
 - (i) _____
 - (ii) _____
 - (iii) _____
 - c. control equipment parameters (temperatures, pressures, etc.)
 - (i) _____
 - (ii) _____
 - (iii) _____
6. Total allowable emissions:

	performance std. (lb/MMbtu, ppm, gr/dscf)	mass emission rate (lb/hr)	annual (TPY)
VOC	_____	_____	_____
CO	_____	_____	_____
PM ₁₀	_____	_____	_____
PM	_____	_____	_____
NO _x	_____	_____	_____
SO ₂	_____	_____	_____
other	_____	_____	_____
other	_____	_____	_____

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Section E: FUEL UTILIZATION EQUIPMENT (cont.)

Emission Unit #: _____

III. Compliance Demonstration

1. Are alternative / flexible compliance items being proposed? ☐ Yes ☐ No
2. Are any new compliance items being proposed? ☐ Yes ☐ No
3. Monitoring - physical instrumentation
 - a. recorders _____
 - b. meters _____
 - c. other _____
 - d. other _____
4. Recordkeeping:
 - a. daily _____
 - b. monthly _____
 - c. other _____
 - d. other _____
5. Reporting
 - a. monthly _____
 - b. quarterly _____
 - c. annual _____
 - d. other _____
6. Testing
 - a. test methods _____
 - b. frequency _____
 - c. other _____
 - d. other _____
7. Enhanced Monitoring (check one) :
☐ emission unit not applicable to enhanced monitoring
☐ protocol attached
☐ enhanced monitoring provisions not yet required

Note : Attach additional pages as necessary

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Section F: EMISSION UNIT - PROCESS EQUIPMENT

Emission Unit #: _____

I. Description

1. Type of Equipment: _____

2. Manufacturer: _____

3. Model Number: _____

4. Maximum Process Rate

a. raw material(s) (name) _____
raw material(s) (rate) _____

b. finished material(s) (name) _____
finished material(s) (rate) _____

5. Air Pollution Control Equipment (if any) :

a. type (scrubber, filter, etc.) _____

b. model/manufacturer _____

c. pollutants controlled _____

d. efficiency (%) capture control

6. Date of Installation: _____ Date of manufacture: _____

7. Stack Data:

a. dimensions height (feet) diameter (inches)

b. range of gas exit velocity _____ to _____ feet/sec

c. range of exit temperature _____ to _____ °F

d. stack material of construction _____

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Section F: EMISSION UNIT - PROCESS EQUIPMENT (cont.)

Emission Unit #: _____

8. Associated Fuel Burning Equipment

- A. Type of Equipment _____
- B. Manufacturer _____
- C. Model Number _____
- D. Maximum Input Rating (MMBtu/hr) _____
- E. Burner Manufacturer _____
- F. Model Number _____
- G. Number of Burners in Each Combustion Unit

- H. Fuels:
- | | Primary | Secondary |
|--|---------|-----------|
| 1. type and grade | _____ | _____ |
| 2. sulfur content (%) | _____ | _____ |
| 3. max. firing rate
(all burners firing)
(indicate lb/hr, gal/hr, cubic feet per hour, etc.) | _____ | _____ |

Note : Complete this section for any fuel burning equipment integral to the process unit, for example, a dryer. Do not use this section for boilers or other fuel burning equipment identified as a separate emission unit in Section E.

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Section F: EMISSION UNIT - PROCESS EQUIPMENT (cont.)

Emission Unit #: _____

9. Associated Chemical Usage

A. Process _____

B. Chemical Compound Used in the Process _____

C. Actual Usage (gal or lb) _____

D. Hazardous Chemical(s) within the Chemical Compound	CAS Number
_____	_____
_____	_____
_____	_____
_____	_____

E. Percentage VOC (%) _____

F. Percentage HAP (%) _____

G. Total VOC (lb/year)

Note : Complete this section for any chemicals integral to the process unit, for example, a cementing process for outsoles, dyes, etc. This page must be completed for each chemical compound used in the process, make as many copies as needed.

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Section F: EMISSION UNIT - PROCESS EQUIPMENT (cont.)

Emission Unit #: _____

II. Applicable Requirements / Limitations

1. Are alternative / flexible limits being proposed? ☐ Yes ☐ No
2. Are any new limits being proposed? ☐ Yes ☐ No
3. List all applicable requirements:
(S)/(F) Applicable Requirement

4. Allowable usage limitations:
 - a. hours/day _____ days/week _____ weeks/year _____
 - b. fuels used primary secondary
type _____ _____
amount _____ _____
sulfur (weight %) _____
5. Other allowable restrictions:
 - a. work practices (clean-up, start-up, shut-down, etc.)
 - (i) _____
 - (ii) _____
 - b. process parameters (temperatures, pressures, opacity, etc.)
 - (i) _____
 - (ii) _____
 - (iii) _____
 - c. control equipment parameters (temperatures, pressures, etc.)
 - (i) _____
 - (ii) _____
 - (iii) _____
6. Total allowable emissions:

	performance std. (lb/MMbtu, ppm, gr/dscf)	mass emission rate (lb/hr)	annual (TPY)
VOC	_____	_____	_____
CO	_____	_____	_____
PM ₁₀	_____	_____	_____
PM	_____	_____	_____
NO _x	_____	_____	_____
SO ₂	_____	_____	_____
other	_____	_____	_____
other	_____	_____	_____

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Section F: EMISSION UNIT - PROCESS EQUIPMENT (cont.)

Emission Unit #: _____

III. Compliance Demonstration

1. Are alternative / flexible compliance items being proposed? ☐ Yes ☐ No
2. Are any new compliance items being proposed? ☐ Yes ☐ No
3. Monitoring - physical instrumentation
 - a. recorders _____
 - b. meters _____
 - c. other _____
 - d. other _____
4. Recordkeeping:
 - a. daily _____
 - b. monthly _____
 - c. other _____
 - d. other _____
5. Reporting
 - a. monthly _____
 - b. quarterly _____
 - c. annual _____
 - d. other _____
6. Testing
 - a. test methods _____
 - b. frequency _____
 - c. other _____
 - d. other _____
7. Enhanced Monitoring (check one) :
☐ emission unit not applicable to enhanced monitoring
☐ protocol attached
☐ enhanced monitoring provisions not yet required

Note : Attach additional pages as necessary

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Section G: EMISSION UNIT - INCINERATOR

Emission Unit #: _____

I. Description

1. Incinerator Type (medical waste, municipal, etc.): _____
2. Manufacturer: _____
3. Model Number: _____
4. Max. Operating Capacity (lb/hr): _____
5. Waste Type: _____
6. Charging Rate (lb/hr): _____
7. Heat Recovery? ☐ Yes ☐ No
8. Retention Time (sec): _____
9. Automatic Feeder? ☐ Yes ☐ No
10. Temperature Range : primary _____ to _____ °F
secondary _____ to _____ °F
11. Auxiliary Burners: Primary Chamber Secondary Chamber
 - a. manufacturer _____
 - b. model number _____
 - c. type of fuel used _____
 - d. maximum rating _____
12. Air Pollution Control Equipment (if any) :
 - a. type (scrubber, filter, etc.) _____
 - b. model/manufacture _____
 - c. pollutants controlled _____
 - d. efficiency (%) capture control

13. Date of Installation: _____ Date of Manufacture: _____
14. Stack Data:
 - a. dimensions height (feet) diameter (inches)
 - b. range of gas exit velocity _____ to _____ feet/sec
 - c. range of exit temperature _____ to _____ °F
 - d. stack material of construction _____

Facility ID #: _____
Page #: _____

Emission Unit #: _____

1.	Are alternative / flexible limits being proposed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.	Are any new limits being proposed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.	List all applicable requirements: (S)/(F) Applicable Requirements			
	_____	_____		
	_____	_____		
	_____	_____		
4.	Allowable usage limitations:			
	a.	hours/day _____	days/week _____ weeks/year _____	
	b.	<div style="display: flex; justify-content: space-between;"> fuels used primary secondary </div> <div style="display: flex; justify-content: space-between;"> type _____ _____ </div> <div style="display: flex; justify-content: space-between;"> amount _____ _____ </div> <div style="display: flex; justify-content: space-between;"> sulfur (weight %) _____ _____ </div>		
5.	Other allowable restrictions:			
	a.	work practices (clean-up, start-up, shut-down, etc.)		
		(i) _____		
		(ii) _____		
	b.	process parameters (temperatures, pressures, opacity, etc.)		
		(i) _____		
		(ii) _____		
		(iii) _____		
	c.	control equipment parameters (temperatures, pressures, etc.)		
		(i) _____		
		(ii) _____		
		(iii) _____		
6.	Total allowable emissions:			
		performance std. (lb/MMbtu, ppm, gr/dscf)	mass emission rate (lb/hr)	annual (TPY)
	VOC	_____	_____	_____
	CO	_____	_____	_____
	PM ₁₀	_____	_____	_____
	PM	_____	_____	_____
	NO _x	_____	_____	_____
	SO ₂	_____	_____	_____
	other	_____	_____	_____
	other	_____	_____	_____

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Section G: EMISSION UNIT - INCINERATOR (cont.)

Emission Unit #: _____

III. Compliance Demonstration

1. Are alternative / flexible compliance items being proposed? ☐ Yes ☐ No
2. Are any new compliance items being proposed? ☐ Yes ☐ No
3. Monitoring - physical instrumentation
 - a. recorders _____
 - b. meters _____
 - c. other _____
 - d. other _____
4. Recordkeeping:
 - a. daily _____
 - b. monthly _____
 - c. other _____
 - d. other _____
5. Reporting
 - a. monthly _____
 - b. quarterly _____
 - c. annual _____
 - d. other _____
6. Testing
 - a. test methods _____
 - b. frequency _____
 - c. other _____
 - d. other _____
7. Enhanced Monitoring (check one) :
☐ emission unit not applicable to enhanced monitoring
☐ protocol attached
☐ enhanced monitoring provisions not yet required

Note : Attach additional pages as necessary

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**Section H: EMISSION UNIT - LIQUID ORGANIC MATERIAL
STORAGE**

Emission Unit #: _____

I. Description

1. ☐ Above Ground ☐ Below Ground
2. Type (floating roof, fixed roof, internal roof, etc.) _____
3. Physical Description:

Age	Color
_____	_____
4. Dimensions:

Height (feet)	Diameter (feet)
_____	_____
5. Capacity (gallons): _____
6. Construction Type: _____
7. Material Stored:
 - a. name _____
 - b. vapor pressure and temp (^oF) _____
 - c. RVP _____
 - d. total oxygen content _____
 - e. oxygenate name _____
 - f. annual throughput _____
8. Loading / Transferring

	Yes	No
a. trucks	<input type="checkbox"/>	<input type="checkbox"/>
b. ships/barges/marine vessels	<input type="checkbox"/>	<input type="checkbox"/>
c. rail car	<input type="checkbox"/>	<input type="checkbox"/>
d. other (identify) _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Air Pollution Control Equipment (if any):
 - a. type: _____
(floating roof, carbon adsorption, thermal oxidizer, etc.)
 - b. manufacturer/model _____
 - c. efficiency (% or mg/l)

capture	control
_____	_____
10. Date of Installation: _____ Date of Manufacture: _____
11. Stack Data:
 - a. dimensions

height (feet)	diameter (inches)
_____	_____
 - b. range of gas exit velocity

_____	to	_____	feet/sec
_____	to	_____	^o F
 - c. range of exit temperature _____
 - d. stack material of construction _____

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**Section H: EMISSION UNIT - LIQUID ORGANIC MATERIAL STORAGE
(cont.)**

Emission Unit #: _____

II. Applicable Requirements / Limitations

1. Are alternative / flexible limits being proposed? ☐ Yes ☐ No

2. Are any new limits being proposed? ☐ Yes ☐ No

3. List all applicable requirements:
(S)/(F) Applicable Requirements

4. Allowable usage limitations:

a. hours/day _____ days/week _____ weeks/year _____

b. fuels used primary secondary
type _____
amount _____
sulfur (weight %) _____

5. Other allowable restrictions:

a. work practices (clean-up, start-up, shut-down, etc.)

(i) _____
(ii) _____

b. process parameters (temperatures, pressures, opacity, etc.)

(i) _____
(ii) _____
(iii) _____

c. control equipment parameters (temperatures, pressures, etc.)

(i) _____
(ii) _____
(iii) _____

6. Total allowable emissions:

	performance std. (lb/MMbtu, ppm, gr/dscf)	mass emission rate (lb/hr)	annual (TPY)
VOC	_____	_____	_____
CO	_____	_____	_____
PM ₁₀	_____	_____	_____
PM	_____	_____	_____
NO _x	_____	_____	_____
SO ₂	_____	_____	_____
other	_____	_____	_____
other	_____	_____	_____

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**Section H: EMISSION UNIT - LIQUID ORGANIC MATERIAL STORAGE
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Emission Unit #: _____

III. Compliance Demonstration

1. Are alternative / flexible compliance items being proposed? ☐Yes ☐No
2. Are any new compliance items being proposed? ☐Yes ☐No
3. Monitoring - physical instrumentation
 - a. recorders _____
 - b. meters _____
 - c. other _____
 - d. other _____
4. Recordkeeping:
 - a. daily _____
 - b. monthly _____
 - c. other _____
 - d. other _____
5. Reporting
 - a. monthly _____
 - b. quarterly _____
 - c. annual _____
 - d. other _____
6. Testing
 - a. test methods _____
 - b. frequency _____
 - c. other _____
 - d. other _____
7. Enhanced Monitoring (check one) :
☐emission unit not applicable to enhanced monitoring
☐protocol attached
☐enhanced monitoring provisions not yet required

Note : Attach additional pages as necessary

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Section I: EMISSION UNIT - MISCELLANEOUS

Emission Unit #: _____

I. Description

1. Type of Emission Unit (landfill, etc.):

2. Description (size, capacity, etc.): _____
3. Type of Emissions (PM, VOC, NOx, etc.): _____
4. Nature of Emissions: _____
(fugitive dust, solid waste, etc.)
5. Air Pollution Control Equipment (if any) :
 - a. type (scrubber, filter, etc.) _____
 - b. manufacturer/model _____
 - c. pollutants controlled _____
 - d. efficiency (%) capture control

6. Date of Installation: _____ Date of Manufacture: _____
7. Stack Data:
 - a. dimensions height (feet) diameter (inches)

 - b. range of gas exit velocity to feet/sec

 - c. range of exit temperature to °F

 - d. stack material of construction _____

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Section I: EMISSION UNIT - MISCELLANEOUS (cont.)

Emission Unit #: _____

II. Applicable Requirements / Limitations

1. Are alternative / flexible limits being proposed? ☐ Yes ☐ No
2. Are any new limits being proposed? ☐ Yes ☐ No
3. List all applicable requirements:
(S)/(F) Applicable Requirements

4. Allowable usage limitations:
 - a. hours/day _____ days/week _____ weeks/year _____
 - b. fuels used primary secondary
type _____
amount _____
sulfur (weight %) _____
5. Other allowable restrictions:
 - a. work practices (clean-up, start-up, shut-down, etc.)
 - (i) _____
 - (ii) _____
 - b. process parameters (temperatures, pressures, opacity, etc.)
 - (i) _____
 - (ii) _____
 - (iii) _____
 - c. control equipment parameters (temperatures, pressures, etc.)
 - (i) _____
 - (ii) _____
 - (iii) _____
6. Total allowable emissions:

	performance std. (lb/MMbtu, ppm, gr/dscf)	mass emission rate (lb/hr)	annual (TPY)
VOC	_____	_____	_____
CO	_____	_____	_____
PM ₁₀	_____	_____	_____
PM	_____	_____	_____
NO _x	_____	_____	_____
SO ₂	_____	_____	_____
other	_____	_____	_____
other	_____	_____	_____

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Section I: EMISSION UNIT - MISCELLANEOUS (cont.)

Emission Unit #: _____

III. Compliance Demonstration

1. Are alternative / flexible compliance items being proposed? ☐ Yes ☐ No
2. Are any new compliance items being proposed? ☐ Yes ☐ No
3. Monitoring - physical instrumentation
 - a. recorders _____
 - b. meters _____
 - c. other _____
 - d. other _____
4. Recordkeeping:
 - a. daily _____
 - b. monthly _____
 - c. other _____
 - d. other _____
5. Reporting
 - a. monthly _____
 - b. quarterly _____
 - c. annual _____
 - d. other _____
6. Testing
 - a. test methods _____
 - b. frequency _____
 - c. other _____
 - d. other _____
7. Enhanced Monitoring (check one) :
☐ emission unit not applicable to enhanced monitoring
☐ protocol attached
☐ enhanced monitoring provisions not yet required

Note : Attach additional pages as necessary

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Section J: TOTAL FACILITY LIMITS

I. Limitations:

II. Compliance Demonstration:

III. Total Allowable Facility Emissions:

Pollutant	Emissions (Tons Per Year)
VOC	_____
CO	_____
PM	_____
NOx	_____
SO2	_____
Other	_____
Other	_____

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Section K: COMPLIANCE PLAN

I. Statement of Compliance

For all emission sources at this facility that are operating in compliance with all applicable requirements and state regulations including any compliance certification requirements under Section 114 (a) (3) of the Clean Air Act Amendments of 1990, complete the following:

- ☐ This facility will continue to be operated and maintained in such a manner as to assure compliance for the duration of the permit.

- ☐ For all emission sources, subject to any applicable requirements and state regulations that will become effective during the term of the permit, this facility will meet all such requirements on a timely basis.

- ☐ Compliance certification reports will be submitted at least once a year. Each report will certify compliance status with respect to each requirement, and the method used to determine the status.

II. Certification

"I certify under penalty of law that, based on information and belief formed after reasonable inquiry, I believe the information included in the attached document is true, complete, and accurate."

Designated Representative:

Title:

Signature:

Date:

____ / ____ / ____

Comment:

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Section K: COMPLIANCE PLAN (cont.)

III. Statement of Non - Compliance

For any emission sources which will not be in compliance at the time of permit issuance, complete the following:

- ☐ This facility meets all applicable requirements and state regulations except for those sources listed below. This facility will achieve compliance for those sources according to the following schedule:

Emission Source ID	Requirement to Meet Compliance	Remedial Measure (R) / Intermediate Milestones (I)	Date Scheduled
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Consent Order (if applicable):

Certified progress reports are to be submitted every six months beginning ____ / ____ / ____

Comment:

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Section L: LIST OF ATTACHMENTS

Please Check the List of Attachments

- | | | |
|--------------------------|---|-------------------|
| <input type="checkbox"/> | Plot Plan | - Attachment_____ |
| <input type="checkbox"/> | Calculations | - Attachment_____ |
| <input type="checkbox"/> | BPT, BACT, etc. Analysis | - Attachment_____ |
| <input type="checkbox"/> | MACT Demonstration | - Attachment_____ |
| <input type="checkbox"/> | Operational Flexibility
Description of Alternative Operating Scenarios | - Attachment_____ |
| <input type="checkbox"/> | Air Quality Model | - Attachment_____ |
| <input type="checkbox"/> | Ambient Air Monitoring Plan | - Attachment_____ |
| <input type="checkbox"/> | Stack Test Protocols/Reports | - Attachment_____ |
| <input type="checkbox"/> | Continuous Emissions
Monitoring Plans/QA/QC | - Attachment_____ |
| <input type="checkbox"/> | Accidental Release Plan | - Attachment_____ |
| <input type="checkbox"/> | Response Plan | - Attachment_____ |
| <input type="checkbox"/> | Confidentiality Justification | - Attachment_____ |
| <input type="checkbox"/> | Baseline Period Demonstration
for ERCs | - Attachment_____ |
| <input type="checkbox"/> | Analysis of Contemporaneous
Emission Increase/Decrease | - Attachment_____ |
| <input type="checkbox"/> | Title IV: Application/
Registration | - Attachment_____ |
| <input type="checkbox"/> | Applicable Requirements Not
Subject To (Permit Shield) | - Attachment_____ |
| <input type="checkbox"/> | Other_____ | - Attachment_____ |
| <input type="checkbox"/> | Other_____ | - Attachment_____ |

Phase I submittal information is to include Section A, Section B, Section K and the following information.

Pollutant	CAS Number	Emissions (TPY)
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[illegible]

Requirement	Description
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[illegible]